



A P R O F E S S I O N A L C O R P O R A T I O N

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
15 JUL 20 AM 10:35  
William D. Arnold  
wdacpa@ak.net  
Cynthia A. Coulter  
caccpa@ak.net

July 15, 2015

Office of Public Records  
P.O. Box 77578  
Washington, D.C. 20013-7578

Re: Lisa Murkowski for US Senate  
FEC # C00384529  
Amended Statement of Organization Received 5/19/15

Dear FEC Representative:

We apologize for the error in our filing The FEC Form 1. The intent of the filing was to notify the FEC that we were connected to a joint fundraising, 2015 Senators Classic Committee. On that notice we provided you with the name of the treasurer for the 2015 Senators Classic Committee. It was never our intention to change the treasurer of the Lisa Murkowski for US Senate.

We have included an amended Form 1 reporting Catherine Straub as our treasurer.

Please let me know if you have any questions.

Very truly yours,

Cynthia A. Coulter  
Certified Public Accountant

201507200200209249

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 JUL 20 AM 10:35

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

LISA MURKOWSKI FOR U.S. SENATE

ADDRESS (number and street)

P. O. BOX 100847

☐

(Check if address  
is changed)

ANCHORAGE

AK

99510

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

07<sup>M</sup> 15<sup>D</sup> 2015<sup>Y</sup>

3. FEC IDENTIFICATION NUMBER

C 00384529

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

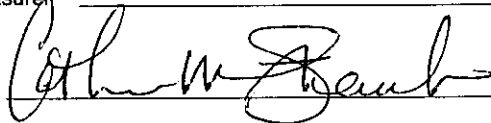
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CATHERINE STRAUB

Signature of Treasurer



Date

07<sup>M</sup> 15<sup>D</sup> 2015<sup>Y</sup>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

2015072002002009250

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

**Candidate  
Party Affiliation**

Office  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- |                                                  |                                                        |                                             |
|--------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

### Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

201507200200209251

Write or Type Committee Name

LISA MURKOWSKI FOR U.S. SENATE

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

CATHERINE STRAUB

Mailing Address

7051 LAKE O THE HILLS CIRCLE

ANCHORAGE

CITY

AK

STATE

99516

ZIP CODE

- 1868

Title or Position

TREASURER

Telephone number

907

- 360

- 1266

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Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201507200200209253

201507200200209254

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Date Accepted (MM/DD/YYYY)

Time Accepted

Weight

Rate

Postage

Insurance Fee

Return Receipt Fee

Total Postage & Fees

Live Animal Transportation Fee

Acceptance Employee Initials

Employee Signature

Delivery Attempt (MM/DD/YYYY)

Time

Employee Signature

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# United States Senate

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OFFICE OF PUBLIC RECORDS

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Date of Receipt or Postmark

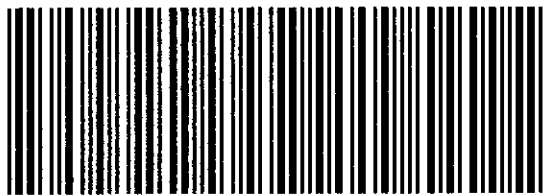
PREPARER DH DATE PREPARED 7-20-15

2/28/2015

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SEN PATCH



SEN PATCH

201507200200209256